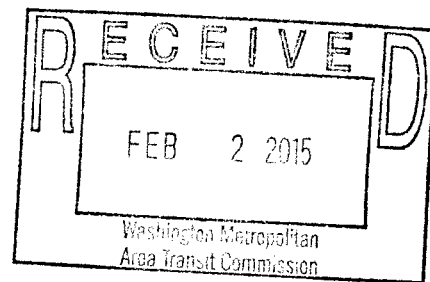


# Washington Metropolitan Area Transit Commission

## 2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

2252 | Lenalimo LLC

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

5505 Seminary Road, #510N | | Falls Church | VA | 22041-2935

\*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

(540) 687-1324

\*Telephone

Other Telephone

Fax

E-mail

LENAKELLY 2010 @ Gmail  
2010

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Hassan Mouchkelly

Member/Manager

\*Name

\*Title

(540) 687-1324

\*Telephone

Other Telephone

Fax

E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process

Telephone

E-mail

Agent Address (must be inside Metropolitan District)

Apt./Suite City

State

Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NO CHANGES

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	C15 2012	CHEVROLET	1GNSCKE05CR197968	H622995	VA	7	NO
2	436 2013	CHRYSLER	2C3CCKAK66DH645150	503HAD	VA	5	NO
3	Town Car 2011	Lincoln	2LNBLBLV7BX764031	H528619	VA	5	NO
4	K15 2010	CHEVROLET	1GNUMHE34AR250617	336HAD	VA	7	NO
5	K15 2015	CHEVROLET	1GNSKJK5FR520531	H523642	VA	7	NO
6	300 2013	CHRYSLER	9C3CCACG8CH303738	H524289	VA	5	NO
7	436 2013	CHRYSLER	2C3CCKAK				NO
7	K15 2015	CHEVROLET	1GNSKJK4FR544139	H524973	VA	7	NO
8	E350 2013	MERCEDES	WDDHF8J39DA689400	292HAE	VA	5	NO

7. **\*CERTIFICATION:**

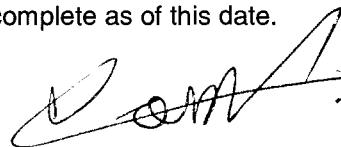
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

HASSAW MOUCHKELLY

\*Name (type or print)

member manager

\*Title (not required for sole proprietors)



\*Signature

02/02/2015

\*Date